FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G17433** **(5)**

1. Corporation Name

CEA INVESTMENTS CORPORATION (EUROPE)

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD.. SUITE 3300 TAMPA FL 33602	101 E. KENNEDY BLVD.. SUITE 3300 TAMPA FL 33602

3. Date Incorporated or Qualified: **12/29/1982**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2264816** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARDY, THOMAS W.
101 E. KENNEDY BLVD., SUITE 3300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: BURNS, DAVID A.
82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd STE 3300
83
84 City: TAMPA FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David A. Burns — DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAELS, PATRICK J. JR.		1.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP	
TITLE	STD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GAWTHROP, GENE H.		2.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, BRAD		3.2 NAME	
STREET ADDRESS	101 E KENNEDY BLVD. SUITE 3300		3.3 STREET ADDRESS	800001783288 -04/17/96--01017--006
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME	GOETZ, STEPHEN		4.2 NAME	
STREET ADDRESS	101 E KENNEDY BLVD SUITE 3300		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	VST ☐ Change ☒ Addition
NAME			5.2 NAME	BURNS, DAVID A.
STREET ADDRESS			5.3 STREET ADDRESS	101 E. KENNEDY STE 3300
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	4-16-96 JR

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #